House File 549 - Introduced

HOUSE FILE 549 BY FRY

A BILL FOR

- 1 An Act relating to certain health-related entities including
- 2 membership, reimbursement, and the elimination or combining
- 3 of such entities.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 DIVISION I

- 2 IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK
- 3 Section 1. Section 135.24, subsection 7, paragraph e, Code
- 4 2019, is amended to read as follows:
- 5 e. "Specialty health care provider office" means the
- 6 private office or clinic of an individual specialty health
- 7 care provider or group of specialty health care providers as
- 8 referred by the Iowa collaborative safety net provider network
- 9 established in section 135.153, but does not include a field
- 10 dental clinic, a free clinic, or a hospital.
- 11 Sec. 2. Section 135.159, subsection 1, paragraph h, Code
- 12 2019, is amended by striking the paragraph.
- 13 Sec. 3. REPEAL. Section 135.153, Code 2019, is repealed.
- 14 DIVISION II
- 15 HOSPITAL HEALTH CARE ACCESS TRUST FUND BOARD
- 16 Sec. 4. Section 249M.4, Code 2019, is amended to read as
- 17 follows:
- 18 249M.4 Hospital health care access trust fund board.
- 19 1. A hospital health care access trust fund is created
- 20 in the state treasury under the authority of the department.
- 21 Moneys received through the collection of the hospital health
- 22 care access assessment imposed under this chapter and any
- 23 other moneys specified for deposit in the trust fund shall be
- 24 deposited in the trust fund.
- 25 2. Moneys in the trust fund shall be used, subject to
- 26 their appropriation by the general assembly, by the department
- 27 to reimburse participating hospitals the medical assistance
- 28 program upper payment limit for inpatient and outpatient
- 29 hospital services as calculated in this section. Following
- 30 payment of such upper payment limit to participating hospitals,
- 31 any remaining funds in the trust fund on an annual basis may be
- 32 used for any of the following purposes:
- 33 a. To support medical assistance program utilization
- 34 shortfalls.
- 35 b. To maintain the state's capacity to provide access to and

- 1 delivery of services for vulnerable Iowans.
- 2 c. To fund the health care workforce support initiative
- 3 created pursuant to section 135.175.
- 4 d. To support access to health care services for uninsured 5 Iowans.
- 6 e. To support Iowa hospital programs and services which 7 expand access to health care services for Iowans.
- 8 3. The trust fund shall be separate from the general fund
- 9 of the state and shall not be considered part of the general
- 10 fund. The moneys in the trust fund shall not be considered
- 11 revenue of the state, but rather shall be funds of the hospital
- 12 health care access assessment program. The moneys deposited
- 13 in the trust fund are not subject to section 8.33 and shall not
- 14 be transferred, used, obligated, appropriated, or otherwise
- 15 encumbered, except to provide for the purposes of this chapter.
- 16 Notwithstanding section 12C.7, subsection 2, interest or
- 17 earnings on moneys deposited in the trust fund shall be
- 18 credited to the trust fund.
- 19 4. The department shall adopt rules pursuant to chapter
- 20 17A to administer the trust fund and reimbursements and
- 21 expenditures as specified in this chapter made from the trust
- 22 fund.
- 23 5. a. Beginning July 1, 2010, or the implementation date
- 24 of the hospital health care access assessment program as
- 25 determined by receipt of approval from the centers for Medicare
- 26 and Medicaid services of the United States department of health
- 27 and human services, whichever is later, the department shall
- 28 increase the diagnostic related groups and ambulatory patient
- 29 classifications base rates to provide payments to participating
- 30 hospitals at the Medicare upper payment limit for the fiscal
- 31 year beginning July 1, 2010, calculated as of July 31, 2010.
- 32 Each participating hospital shall receive the same percentage
- 33 increase, but the percentage may differ depending on whether
- 34 the basis for the base rate increase is the diagnostic related
- 35 groups or ambulatory patient classifications.

- 1 b. The percentage increase shall be calculated by dividing
- 2 the amount calculated under subparagraph (1) by the amount
- 3 calculated under subparagraph (2) as follows:
- 4 (1) The amount under the Medicare upper payment limit for
- 5 the fiscal year beginning July 1, 2010, for participating
- 6 hospitals.
- 7 (2) The projected expenditures for participating hospitals
- 8 for the fiscal year beginning July 1, 2010, as determined by
- 9 the fiscal management division of the department, plus the
- 10 amount calculated under subparagraph (1).
- 11 6. For the fiscal year beginning July 1, 2011, and for
- 12 each fiscal year beginning July 1, thereafter, the payments to
- 13 participating hospitals shall continue to be calculated based
- 14 on the upper payment limit as calculated for the fiscal year
- 15 beginning July 1, 2010.
- 16 7. Reimbursement of participating hospitals shall
- 17 incorporate the rebasing process for inpatient and outpatient
- 18 services for state fiscal year 2012. However, the total amount
- 19 of increased funding available for reimbursement attributable
- 20 to rebasing shall not exceed four million five hundred thousand
- 21 dollars for state fiscal year 2012 and six million dollars for
- 22 state fiscal year 2013.
- 23 8. Any payments to participating hospitals under this
- 24 section shall result in budget neutrality to the general fund
- 25 of the state.
- 26 9. a. A hospital health care access trust fund board is
- 27 established consisting of the following members:
- 28 (1) The co-chairpersons and the ranking members of the joint
- 29 appropriations subcommittee on health and human services.
- 30 (2) The Iowa medical assistance program director.
- 31 (3) Two hospital executives representing the two largest
- 32 private health care systems in the state.
- 33 (4) The president of the Iowa hospital association.
- 34 (5) A representative of a consumer advocacy group, involved
- 35 in both state and national initiatives, that provides data on

- 1 key indicators of well-being for children and families in order
- 2 to inform policymakers to help children and families succeed.
- 3 b. The board shall do all of the following:
- 4 (1) Provide oversight of the trust fund.
- 5 (2) Make recommendations regarding the hospital health care
- 6 access assessment program, including recommendations regarding
- 7 the assessment calculation, assessment amounts, payments to
- 8 participating hospitals, and use of the moneys in the trust
- 9 fund.
- 10 (3) Submit an annual report to the governor and the general
- 11 assembly regarding the use and expenditure of moneys deposited
- 12 in the trust fund.
- 13 c. The department shall provide administrative assistance
- 14 to the board.
- 15 DIVISION III
- 16 ADVISORY COUNCIL ON BRAIN INJURIES
- 17 Sec. 5. Section 135.22A, Code 2019, is amended to read as
- 18 follows:
- 19 135.22A Advisory council on Lead agency for brain injuries
- 20 injury.
- 21 1. For purposes of this section, unless the context
- 22 otherwise requires:
- 23 a. "Brain injury" means a brain injury as defined in section
- 24 135.22
- 25 b. "Council" means the advisory council on brain injuries.
- 26 2. The advisory council on brain injuries is established.
- 27 The following persons or their designees shall serve as ex
- 28 officio, nonvoting members of the council:
- 29 a. The director of public health.
- 30 b. The director of human services and any division
- 31 administrators of the department of human services so assigned
- 32 by the director.
- 33 c. The director of the department of education.
- 34 d. The chief of the special education bureau of the
- 35 department of education.

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     e. The administrator of the division of vocational
 2 rehabilitation services of the department of education.
     f. The director of the department for the blind.
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      3. The council shall be composed of a minimum of nine
 5 members appointed by the governor in addition to the ex officio
 6 members, and the governor may appoint additional members.
 7 Insofar as practicable, the council shall include persons with
 8 brain injuries; family members of persons with brain injuries;
 9 representatives of industry, labor, business, and agriculture;
10 representatives of federal, state, and local government; and
11 representatives of religious, charitable, fraternal, civic,
12 educational, medical, legal, veteran, welfare, and other
13 professional groups and organizations. Members shall be
14 appointed representing every geographic and employment area
15 of the state and shall include members of both sexes. A
16 simple majority of the members appointed by the governor shall
17 constitute a quorum.
18
     4. Members of the council appointed by the governor shall
19 be appointed for terms of two years. Vacancies on the council
20 shall be filled for the remainder of the term of the original
21 appointment. Members whose terms expire may be reappointed.
22
     5. The voting members of the council shall appoint a
23 chairperson and a vice chairperson and other officers as the
24 council deems necessary. The officers shall serve until their
25 successors are appointed and qualified. Members of the council
26 shall receive actual expenses for their services. Members may
27 also be eligible to receive compensation as provided in section
28 7E.6. The council shall adopt rules pursuant to chapter 17A.
29
      6. 1. a. The council shall do department is designated
30 as Iowa's lead agency for brain injury. For the purposes of
31 this section, the designation of lead agency authorizes the
32 department to perform or oversee the performance of all of the
33 following:
         (1) Promote Promotion of meetings and programs for
34
35 the discussion of methods to reduce the debilitating effects
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- 1 of brain injuries, and disseminate the dissemination of
- 2 information in cooperation with any other department, agency,
- 3 or entity on the prevention, evaluation, care, treatment, and
- 4 rehabilitation of persons affected by brain injuries.
- 5 b. (2) Study The study and review of current prevention,
- 6 evaluation, care, treatment, and rehabilitation technologies
- 7 and recommend appropriate preparation, training, retraining,
- 8 and distribution of personnel and resources in the provision
- 9 of services to persons with brain injuries through private
- 10 and public residential facilities, day programs, and other
- 11 specialized services.
- 12 c. (3) Participate Participation in developing the
- 13 development and disseminating dissemination of criteria and
- 14 standards which may be required for future funding or licensing
- 15 of facilities, day programs, and other specialized services for
- 16 persons with brain injuries in this state.
- 17 d_r (4) Make The making of recommendations to the governor
- 18 for developing the development and administering administration
- 19 of a state plan to provide services for persons with brain
- 20 injuries.
- 21 e. Meet at least quarterly.
- 22 7. The department is designated as Iowa's lead agency
- 23 for brain injury. For the purposes of this section, the
- 24 designation of lead agency authorizes the department to perform
- 25 or oversee the performance of those functions specified in
- 26 subsection 6, paragraphs "a" through "c". The council is
- 27 assigned to the department for administrative purposes.
- 28 b. The director shall be responsible for budgeting, program
- 29 coordination, and related management functions under this
- 30 section.
- 31 8. 2. The council department may receive gifts, grants,
- 32 or donations made for any of the purposes of its programs this
- 33 section and disburse and administer them in accordance with
- 34 their terms and under the direction of the director.
- 35 Sec. 6. Section 135.22B, subsection 2, paragraphs b and c,

-6-

- 1 Code 2019, are amended to read as follows:
- 2 b. The duties of the division of the department assigned to
- 3 administer the advisory council on brain injuries under section
- 4 135.22A shall be the program administrator. The division
- 5 duties shall include but are not limited to serving as the
- 6 fiscal agent and contract administrator for the program and
- 7 providing program oversight.
- 8 c. The division shall consult with the advisory council
- 9 on brain injuries, established pursuant to section 135.22A,
- 10 regarding the program and shall report to the council
- 11 department concerning the program at least quarterly. The
- 12 council division shall make recommendations to the department
- 13 concerning the program's operation.
- 14 DIVISION IV
- 15 ADVISORY COMMITTEE TO THE CENTER FOR RURAL HEALTH AND PRIMARY
- 16 CARE
- 17 Sec. 7. Section 135.107, subsection 5, Code 2019, is amended
- 18 by striking the subsection.
- 19 Sec. 8. Section 262.78, subsection 3, Code 2019, is amended
- 20 to read as follows:
- 21 3. The president of the university of Iowa, in consultation
- 22 with the president of Iowa state university of science and
- 23 technology, shall employ a full-time director of the center.
- 24 The center may employ staff to carry out the center's purpose.
- 25 The director shall coordinate the agricultural health and
- 26 safety programs of the center. The director shall regularly
- 27 meet and consult with the advisory committee to the center for
- 28 rural health and primary care. The director shall provide
- 29 the board of regents with relevant information regarding the
- 30 center.
- 31 DIVISION V
- 32 DOMESTIC ABUSE DEATH REVIEW TEAM
- 33 Sec. 9. Section 216A.133A, subsection 3, paragraph a,
- 34 subparagraph (8), Code 2019, is amended to read as follows:
- 35 (8) Best practices related to the Iowa child death review

- 1 team established in section 135.43 and the Iowa domestic abuse
- 2 death review team established in section 135.109.
- 3 Sec. 10. REPEAL. Sections 135.108, 135.109, 135.110,
- 4 135.111, and 135.112, Code 2019, are repealed.
- 5 DIVISION VI
- 6 GOVERNMENTAL PUBLIC HEALTH ADVISORY COUNCIL
- 7 Sec. 11. Section 135A.2, subsection 2, Code 2019, is amended
- 8 by striking the subsection.
- 9 Sec. 12. Section 135A.9, subsection 1, Code 2019, is amended
- 10 by striking the subsection.
- 11 Sec. 13. REPEAL. Section 135A.4, Code 2019, is repealed.
- 12 DIVISION VII
- 13 PATIENT-CENTERED HEALTH ADVISORY COUNCIL
- 14 Sec. 14. REPEAL. Section 135.159, Code 2019, is repealed.
- 15 DIVISION VIII
- 16 COMBINING STATE MEDICAL EXAMINER ADVISORY COUNCIL WITH THE
- 17 INTERAGENCY COORDINATING COUNCIL
- 18 Sec. 15. Section 691.6B, Code 2019, is amended to read as
- 19 follows:
- 20 691.6B Interagency coordinating council.
- 21 1. An interagency coordinating council is created to advise
- 22 do all of the following:
- 23 a. Advise and consult with the state medical examiner on a
- 24 range of issues affecting the organization and functions of the
- 25 office of the state medical examiner and the effectiveness of
- 26 the medical examiner system in the state.
- 27 b. Advise the state medical examiner concerning the
- 28 assurance of effective coordination of the functions and
- 29 operations of the office of the state medical examiner with the
- 30 needs and interests of the departments of public safety and
- 31 public health.
- 32 2. Members of the interagency coordinating council shall
- 33 include the all of the following:
- 34 a. The state medical examiner, or when the state medical
- 35 examiner is not available, the deputy state medical examiner;

- 1 the.
- 2 <u>b. The</u> commissioner of public safety or the commissioner's
- 3 designee; the.
- 4 c. The director of public health or the director's designee;
- 5 and the.
- 6 d. The governor or the governor's designee.
- 7 e. Representatives from the office of the attorney general,
- 8 the Iowa county attorneys association, the Iowa medical
- 9 society, the Iowa association of pathologists, the Iowa
- 10 association of medical examiners, the statewide emergency
- 11 medical system, and the Iowa funeral directors association.
- 12 3. The interagency coordinating council shall meet on
- 13 a regular basis, and shall be organized and function as
- 14 established by the state medical examiner by rule.
- 15 Sec. 16. REPEAL. Section 691.6C, Code 2019, is repealed.
- 16 DIVISION IX
- 17 TOBACCO USE PREVENTION AND CONTROL COMMISSION MEMBERSHIP —
- 18 MEETINGS EXPENSES
- 19 Sec. 17. Section 142A.3, subsection 3, Code 2019, is amended
- 20 to read as follows:
- 21 3. The membership of the commission shall include the
- 22 following voting members who shall serve three-year, staggered
- 23 terms:
- 24 a. Members, at least one of whom is a member of a racial
- 25 minority, to be appointed by the governor, subject to
- 26 confirmation by the senate pursuant to sections 2.32 and 69.19,
- 27 and consisting of the following:
- 28 (1) Three Two members who are active with nonprofit health
- 29 organizations that emphasize tobacco use prevention or who are
- 30 active as health services providers, at the local level.
- 31 (2) Three Two members who are active with health promotion
- 32 activities at the local level in youth education, nonprofit
- 33 services, or other activities relating to tobacco use
- 34 prevention and control.
- 35 b. Three voting members, to be selected by the participants

-9-

- 1 in the annual statewide youth summit of the initiative's youth
- 2 program, who shall not be subject to section 69.16 or 69.16A.
- 3 However, the selection process shall provide for diversity
- 4 among the members and at least one of the youth members shall
- 5 be a female.
- 6 Sec. 18. Section 142A.3, subsection 6, Code 2019, is amended
- 7 to read as follows:
- 8 6. Citizen members shall be reimbursed for actual and
- 9 necessary expenses incurred in performance of their duties.
- 10 Citizen members shall be paid a per diem as specified in
- 11 section 7E.6. Legislative members are eligible for per diem
- 12 and expenses as provided in section 2.10.
- 13 Sec. 19. Section 142A.3, subsection 9, Code 2019, is amended
- 14 to read as follows:
- 9. The commission shall elect a chairperson from among its
- 16 voting members and may select other officers from among its
- 17 voting members, as determined necessary by the commission.
- 18 The commission shall meet regularly no more than quarterly as
- 19 determined by the commission, upon the call of the chairperson,
- 20 or upon the call of a majority of the voting members.
- 21 Sec. 20. TRANSITION PROVISIONS. Notwithstanding any
- 22 provision of section 142A.3, subsection 8, to the contrary:
- 23 l. If the term of a voting member of the tobacco use
- 24 prevention and control commission appointed pursuant to section
- 25 142A.3, subsection 3, paragraph "a", expires on April 30,
- 26 2020, or April 30, 2021, the member shall continue serving
- 27 until the expiration of that member's term or until a vacancy
- 28 occurs prior to the expiration of the applicable term, and such
- 29 vacancy shall only be filled to the extent consistent with
- 30 section 142A.3, subsection 3, as amended in this Act.
- 31 2. If the term of a voting member of the tobacco use
- 32 prevention and control commission appointed pursuant to section
- 33 142A.3, subsection 3, paragraph "a", expires on April 30, 2019,
- 34 or June 30, 2019, such vacancy shall only be filled to the
- 35 extent consistent with section 142A.3, subsection 3, as amended

- l in this Act.
- 2 Sec. 21. EFFECTIVE DATE. The following, being deemed of
- 3 immediate importance, takes effect upon enactment:
- 4 The section of this division of this Act relating to
- 5 transition provisions for the tobacco use prevention and
- 6 control commission.
- 7 Sec. 22. RETROACTIVE APPLICABILITY. The following applies
- 8 retroactively to April 30, 2019:
- 9 The section of this division of this Act relating to
- 10 transition provisions for the tobacco use prevention and
- 11 control commission.
- 12 DIVISION X
- 13 STATE BOARD OF HEALTH MEMBERSHIP EXPENSES
- 14 Sec. 23. Section 136.1, subsection 1, Code 2019, is amended
- 15 to read as follows:
- 16 l. The state board of health shall consist of the following
- 17 members:
- 18 a. Two members One member learned in health-related
- 19 disciplines.
- 20 b. Three Two members who have direct experience with public
- 21 health.
- 22 c. Two members One member who have has direct experience
- 23 with substance abuse treatment or prevention.
- 24 d. Four Three members representing the general public.
- 25 Sec. 24. REPEAL. Section 136.9, Code 2019, is repealed.
- 26 Sec. 25. TRANSITION PROVISIONS. Notwithstanding any
- 27 provision of section 136.2 to the contrary:
- 28 l. If the term of a member of the state board of health
- 29 ends on June 30, 2019, such vacancy shall only be filled to the
- 30 extent consistent with section 136.1, subsection 1, as amended
- 31 in this Act.
- 32 2. If the term of a member of the state board of health who
- 33 is a member on July 1, 2019, expires on April 30, 2020, June
- 34 30, 2020, or June 30, 2021, the member shall continue serving
- 35 until the expiration of that member's term or until a vacancy

- 1 occurs prior to the expiration of the applicable term, and such
- 2 vacancy shall only be filled to the extent consistent with
- 3 section 136.1, subsection 1, as amended in this Act.
- 4 Sec. 26. EFFECTIVE DATE. The following, being deemed of
- 5 immediate importance, takes effect upon enactment:
- 6 The section of this division of this Act relating to
- 7 transition provisions for the state board of health.
- 8 Sec. 27. RETROACTIVE APPLICABILITY. The following applies
- 9 retroactively to June 30, 2019:
- 10 The section of this division of this Act relating to
- ll transition provisions for the state board of health.
- 12 DIVISION XI
- 13 TRAUMA SYSTEM ADVISORY COUNCIL
- 14 Sec. 28. Section 147A.24, subsection 2, Code 2019, is
- 15 amended to read as follows:
- 16 2. The council shall consist of seven members to be
- 17 appointed by the director from the recommendations of
- 18 the organizations in subsection 1 for terms of two years.
- 19 Vacancies on the council shall be filled for the remainder of
- 20 the term of the original appointment. Members whose terms
- 21 expire may be reappointed.
- 22 Sec. 29. TRANSITION PROVISIONS. Notwithstanding any
- 23 provision of section 147A.24, subsection 2, to the contrary, a
- 24 member of the trauma system advisory council on July 1, 2019,
- 25 shall continue serving until the expiration of that member's
- 26 term or until a vacancy occurs prior to the expiration of the
- 27 applicable term, and such vacancy shall only be filled to the
- 28 extent consistent with and necessary to maintain the total
- 29 number of members of the council specified in section 147A.24,
- 30 subsection 2, as amended in this Act.
- 31 DIVISION XII
- 32 TELECONFERENCE OPTION FOR STATE ENTITIES
- 33 Sec. 30. NEW SECTION. 135.11B Statutory board, commission,
- 34 committee, or council of committee teleconference option.
- 35 Any statutorily established board, commission, committee, or

- 1 council established under the purview of the department shall
- 2 provide for a teleconference option for board, commission,
- 3 committee, or council members to participate in official
- 4 meetings.
- 5 DIVISION XIII
- 6 ELIMINATION OF PAYMENT OF EXPENSES FOR PUBLIC MEMBERS OF
- 7 CERTAIN STATE ENTITIES
- 8 Sec. 31. Section 105.3, subsection 6, Code 2019, is amended
- 9 by striking the subsection.
- 10 Sec. 32. Section 135.43, subsection 2, unnumbered paragraph
- 11 1, Code 2019, is amended to read as follows:
- 12 The membership of the review team is subject to the
- 13 provisions of sections 69.16 and 69.16A, relating to political
- 14 affiliation and gender balance. Review team members who
- 15 are not designated by another appointing authority shall be
- 16 appointed by the state medical examiner. Membership terms
- 17 shall be for three years. A membership vacancy shall be filled
- 18 in the same manner as the original appointment. The review
- 19 team shall elect a chairperson and other officers as deemed
- 20 necessary by the review team. The review team shall meet upon
- 21 the call of the state medical examiner or as determined by
- 22 the review team. The members of the team are eligible for
- 23 reimbursement of actual and necessary expenses incurred in the
- 24 performance of their official duties. The review team shall
- 25 include the following:
- Sec. 33. Section 135.62, subsection 2, paragraph e, Code
- 27 2019, is amended by striking the paragraph.
- 28 Sec. 34. Section 147A.3, Code 2019, is amended to read as
- 29 follows:
- 30 147A.3 Meetings of the council quorum expenses.
- 31 Membership, terms of office, and quorum, and expenses shall
- 32 be determined by the director pursuant to chapter 135.
- 33 Sec. 35. Section 256I.3, subsection 3, Code 2019, is amended
- 34 by striking the subsection.
- 35 EXPLANATION

- The inclusion of this explanation does not constitute agreement with the explanation's substance by the members of the general assembly.
- 3 This bill eliminates or combines certain health-related
- 4 entities and makes other changes relating to health-related
- 5 entities.
- 6 Division I repeals Code section 135.153 (Iowa collaborative
- 7 safety net provider network established) thereby eliminating
- 8 the network. The bill also makes conforming changes to
- 9 eliminate references to the network in Code section 135.24
- 10 (volunteer health care provider program established —
- 11 immunity from civil liability) and Code section 135.159
- 12 (patient-centered health advisory council).
- 13 Division II eliminates the hospital health care access trust
- 14 fund board by striking the language establishing the board in
- 15 Code section 249M.4 (hospital health care access trust fund —
- 16 board).
- 17 Division III eliminates the advisory council on brain
- 18 injuries and amends Code section 135.22A (advisory council on
- 19 brain injuries) to redistribute the duties of the advisory
- 20 council to the department of public health and makes other
- 21 conforming changes.
- 22 Division IV eliminates the advisory committee to the center
- 23 for rural health and primary care (Code section 135.107(5)) and
- 24 makes conforming changes.
- 25 Division V eliminates the domestic abuse death review team
- 26 (Code sections 135.108 through 135.112) and makes conforming
- 27 changes.
- 28 Division VI eliminates the governmental public health
- 29 advisory council (Code section 135A.4) and makes conforming
- 30 changes.
- 31 Division VII eliminates the patient-centered health advisory
- 32 council (Code section 135.159).
- 33 Division VIII combines the state medical examiner advisory
- 34 council with the interagency coordinating council (Code
- 35 sections 691.6B and 691.6C).

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- 1 Division IX reduces the voting membership of the tobacco
- 2 use prevention and control commission from nine members to
- 3 seven members and includes membership transition provisions,
- 4 limits the number of meetings of the commission to no more
- 5 than quarterly, and eliminates reimbursement for the citizen
- 6 members.
- 7 Division X reduces the membership of the state board of
- 8 health from 11 to 7 members, includes membership transition
- 9 provisions, and eliminates payment of compensation and expenses
- 10 for members.
- ll Division XI limits the membership of the trauma system
- 12 advisory council to seven members selected from a listing of
- 13 organizations, and includes membership transition provisions.
- 14 Division XII requires any statutorily established board,
- 15 commission, committee, or council under the purview of the
- 16 department of public health to provide for a teleconference
- 17 option for board, commission, committee, or council members to
- 18 participate in official meetings.
- 19 Division XIII eliminates payment of compensation or
- 20 expenses, as applicable, of public members of the child
- 21 death review team, the early childhood Iowa state board, the
- 22 emergency management services advisory council, the health
- 23 facilities council, and the plumbing and mechanical systems
- 24 board.